



# State of New Hampshire 2012 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2012

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/07/2012

Business ID: 441761

William M. Gardner

Secretary of State

XMA CORPORATION

150 DOW ST  
MANCHESTER, NH 03101

## ADDRESS OF PRINCIPAL OFFICE:

150 DOW ST  
MANCHESTER, NH 03101

## REGISTERED AGENT AND OFFICE:

KASTEN, MICHAEL J, ESQ  
746 CHESTNUT STREET  
MANCHESTER, NH 03104

ENTITY TYPE: CORPORATION

BUSINESS ID: 441761

STATE OF DOMICILE: NEW HAMPSHIRE

MANUFACTURING AND DISTRIBUTING COMPONENT PARTS FOR  
TELECOMMUNICATIONS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Fred Newton Scott Goodrich

STREET 255 John Tasker Rd.

CITY/STATE/ZIP Barnstead Nh 03218

TREAS. Robert Bruce Wilson

STREET 56 Seton Drive

CITY/STATE/ZIP Bedford Nh 03110

V-PRES. Bruce Wayne Cooper

STREET 16 Marshall Rd.

CITY/STATE/ZIP Winchester Ma 01890

NAME .....

STREET .....

CITY/STATE/ZIP .....

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Kelley R. Carr

STREET 2 Moore Lane

CITY/STATE/ZIP Exeter Nh 03833

DIR. Scott Tarrant Goodrich

STREET 815 Dodge Hill Rd/

CITY/STATE/ZIP Frankestown Nh 03043

DIR. ROBERT M HAWKINS

STREET 700 LAKERIDGE

CITY/STATE/ZIP FAIRVIEW TX 75069

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

PETER F RICHARD

Please print name and title of signer:

PETER F RICHARD

/

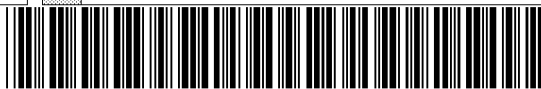
AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



044176120121009

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529